RELEASE DATE: June 4, 2020

Restarting Maine's Economy
Stage 2: Guidance for Behavioral Health Providers

The Department of Health and Human Services recognizes the vitally important role of Behavioral Health care for Maine's citizens. The Department has developed this guidance document to provide clear guidelines to ensure the health and safety of staff, individuals served, and children. This guidance is applicable both to providers that have continued to operate, and those that closed temporarily and are re-opening. Providers should follow these guidelines, as well as continuing to monitor US and Maine CDC guidance. The recommendations regarding COVID-19, including the prevention of transmission, continue to evolve as experts learn more about the virus. As a result, this document and the guidance contained within it are subject to change.

Following the CDC's most recent guidance which includes a COVID-19 Prevention Checklist and Guidance for Health Care Providers, community service providers in this State may voluntarily choose to open their programs and/or provide in-person services. This guidance provides information for community service providers as they plan to safely resume in-person services.

Additional guidance is available from the US CDC and the Maine Department of Health and Human Services.

In-Person Community Behavioral Health Services

Providers who choose to continue or resume in-person community Behavioral Health Services must adhere to the following guidelines:

Group Size Limitation. No more than 50 individuals (including staff) attending/present at the same time while services are being delivered in a family home or in a community-based setting. (See: Governor Mills Re-Opening Plan.)

Physical Distancing. Physical distancing is defined as at least six (6) feet of distance between each person. Work with your local health officials to determine a set of strategies appropriate for your community's situation. Consider the following physical distancing strategies:

- Services may be provided in a flexible manner outside of a building/program such as in the person's home or at an alternative setting. Examples may include taking a walk in the neighborhood, playing basketball at the local outdoor courts (where open and allowed),

hiking on community trails, or at other venues where the ability to practice physical distancing is supported.

- If possible, increase time spent outside.
- Restrict the mixing of clients, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- To the extent possible, minimize the number of locations any one staff visits on a given day.
- Restrict nonessential participants, volunteers, and activities involving other groups.
- If possible, close communal use spaces, such as game rooms or dining halls; if this is not possible, stagger use and disinfect between uses.
- Adults in the program/setting should be limited to ones providing services and/or overseeing program operations.
- If possible, arrange for staff to telework from their homes.

Screening and Documentation. All staff and individuals providing community or home-based services should be screened for COVID-19 symptoms each time they provide services. Staff should be screened before leaving to provide home-based or community-based services and shall monitor themselves for symptoms of COVID-19 while traveling to and between appointments provide services. Providers must maintain documentation of all screening performed. These signs and symptoms according to the US CDC include:

  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

Personal Protective Equipment (PPE)/Face Coverings. PPE and face coverings should be available and utilized by all staff. PPE or face coverings should be utilized by clients (over the age of 2) when tolerated especially when physical distancing is not possible as recommended by CDC. Me CDC Face Covering Information

Healthy hygiene practices.
- Teach and reinforce hand washing and covering coughs and sneezes among clients, visitors and staff.
- Teach and reinforce use of cloth face coverings among staff. Face coverings are most essential at times when physical distancing is not possible.
- Staff and clients should be frequently reminded not to touch the face covering and to wash their hands frequently. Information and training should be provided to all staff on proper use, removal, and washing of cloth face coverings.

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- Ensure adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, paper towels, and tissues.
- Staff must wash their hands and/or use sanitizer as well as disinfect all items between appointments.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Cleaning, Disinfecting and Sanitizing. Necessary cleaning supplies must be provided and utilized by staff to ensure that regular cleaning/disinfecting occurs as specified in CDC Re-opening Guidance. CDC Re-Open Cleaning Guidance.

- **Four levels**
    - *Daily clean*
        - Typical cleaning using CDC/EPA-approved disinfectants (see below).
    - *Enhanced clean*
        - Use of CDC/EPA-approved disinfectant cleaners on "high touch" surfaces in common areas/public spaces at regular frequency (elevator buttons; railings; door knobs and handles; light switches; bathrooms including toilets, faucets and sinks; breakrooms and breakroom equipment like refrigerator handles, microwaves, and tables.
    - *Deep clean*
        - In addition to the "Enhanced clean" scope above, "deep cleaning" applies to disinfecting items such as desks, chairs, computer keyboards/mice, interactive touch screens, phones, printers, fax machines, office door handles, communal items like salt and pepper shakers, etc.
    - *Deep clean with disinfection and sanitization with COVID exposure*
        - Measures in "Deep clean" above with the additional use of disinfectants and/or other sanitization techniques.
- For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
    - EPA's Registered Antimicrobial Products for Use against Novel Coronavirus SARS-CoV-2, the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
    - Diluted household bleach solutions prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
    - Alcohol solutions with at least 70% alcohol.
- For electronics, such as tablets, touch screens, keyboards, and remote controls:
    - Consider using a wipeable cover on electronics.
    - Follow manufacturer's instruction for cleaning and disinfecting.
    - If no guidance from the manufacturer, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

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- Pay close attention to high traffic public use areas such as lobbies, entrances, seating areas, and restrooms.
- Make sure that staff are regularly washing hands before and after gloving and wiping down work surfaces as well as between client appointments.
- Please also see the CDC information on [Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility](#).

Maintain healthy operations.
- Monitor absenteeism to identify any trends in employee or clients due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and clients for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and clients. As a reminder the Front Line Warmline is in place to help health care workers and first responders cope with the emotional toll of this pandemic: 1-866-367-4440. Front Line Warmline Poster:

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- Check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

Plan for when a staff member, child or visitor becomes sick.
- Encourage staff and clients to cancel and reschedule if they are sick.
- Require employees to stay home and to notify workplace administrators when sick or when someone in their household is sick.
- Review, update, or develop workplace plans to include non-punitive leave policies for people with COVID-19 symptoms.
- Establish procedures for safely transporting anyone sick to their home or to a health care facility, as appropriate and applicable.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Know the signs and symptoms of COVID-19. Have a plan of what to do if staff or clients become symptomatic during service delivery and make sure all staff know and can implement the plan.
- If an employee:
  - Falls ill while not on the job:
    - Instruct employees to not come to work when experiencing any symptoms of COVID-19 (listed above);

- o Becomes ill on the job:
  - If an emergency, call 911 for guidance/assistance;
  - The employee should leave work immediately;
  - If immediate departure from work not possible, or while waiting for emergency personnel, have a plan for a room or space where the employee can be isolated until transferred to home or health care facility and provide a face covering; and
  - Clean the room or space thoroughly after use by any employee who is feeling ill.
  - o Plans to return to work, instruct employees to:
    - Follow CDC Guidelines on quarantine and isolation after symptoms subside.
- If a client:
  - o Becomes ill while services are being delivered:
    - If an emergency, call 911 for guidance/assistance;
    - Immediately isolate the client from other clients and any adults not necessary for care. Have a designated room or place in which to isolate them;
    - Clean the room or space thoroughly after use by any client who is feeling ill.
  - o Plans to return to service, instruct clients to:
    - Follow CDC Guidelines on quarantine and isolation after symptoms subside.
- If COVID-19 is confirmed in a client or staff member:
  - o Inform the CDC and follow all recommendations.
  - o Close off areas used by the person who is sick and do not use them until they have been cleaned.
  - o Open outside doors and windows to increase air circulation in the areas, if possible.
  - o Wait 24 hours (or as long as possible) before you clean or disinfect to reduce risk to individuals cleaning and to allow respiratory droplets to settle before cleaning and disinfecting.
  - o Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - o If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
    - Advise sick staff members or clients not to return until they have met CDC criteria to discontinue home isolation.

COVID-19 Reportable Events. Providers must comply with COVID-19 Reportable Event Guidance and Procedures:

[Adults](#)
[Children](#)

Telehealth Option. Community telehealth services continue as an option for individuals during the COVID-19 emergency if the member chooses to receive services remotely. Please reference [MaineCare Guidance Relating to Telehealth and Telephone Services During COVID-19 Emergency Period](#)

- Individuals may receive both telehealth and in-person services during the COVID-19 emergency. All services must be provided based on the treatment plan and must follow [MaineCare Guidelines](#) for the service being provided.
- Providers must maintain monthly contact and communication with all families until full-service delivery resumes or the family is discharged from services.

Center-Based Behavioral Health Services

Providers who provide center-based Behavioral Health Services must adhere to the following guidelines:

Group Size Limitation. No more than 50 individuals (including staff) attending/present at the same time while services are being delivered in a facility or center. (See: [Governor Mills Re-Opening Plan](#).)

COVID-19 Reportable Events. Providers must comply with COVID-19 Reportable Event Guidance and Procedures:

[Adults](#)
[Children](#)

Personal Protective Equipment (PPE)/Face Coverings. PPE and face coverings should be available and utilized by all staff and clients (over the age of 2) when it is tolerated and especially when physical distancing is not possible as recommended by CDC. [Me CDC Face Covering Information](#)

Physical Distancing. Physical distancing is defined as at least six (6) feet of distance between each person. Work with your local health officials to determine a set of strategies appropriate for your community's situation. Consider the following physical distancing strategies:

- If grouping clients is necessary, ensure the same grouping of clients and staff throughout the day, if possible.
- If possible, increase time spent outside.
- Extracurricular Activities:
  - Limit trips, gatherings, events, and extracurricular activities to those that allow for physical distancing. Proper hand hygiene should be emphasized. Consider

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restricting attendance for those from higher transmission areas. Consider whether to alter or halt daily group activities that may promote transmission.

- Restrict the mixing of clients and staff, such as staggering milieu and meal times and keeping groups separate for special activities.
- If possible, space out seating to at least six (6) feet apart.
- Restrict nonessential visitors, volunteers, and activities involving other groups.
- If possible, close communal use spaces, such as common rooms or dining halls; if this is not possible, stagger use and disinfect between uses.
- Individuals in the facility/center should be limited to ones caring for the clients and/or overseeing program operations.
- If possible, arrange for staff to telework from their homes.

Screening and Documentation. All staff and individuals attending facility/center-based programs should be screened for COVID-19 symptoms each time they enter the program or are provided services. Providers must maintain documentation of all screening performed.

- Minimize the risk of disease introduction or transmission, by requiring every person entering the facility to be screened for any signs or symptoms of viral infection for as long as this pandemic is active. These signs and symptoms according to the US CDC include:
    - Fever or chills
    - Cough
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

- Screen staff and visitors upon arrival at the facility prior to interacting with any clients or beginning their normal work day. Staff or visitors who present with symptoms when entering the facility or during the day should be sent home immediately.
- The screening of staff and visitors must also include questions regarding anyone in their household who is exhibiting the symptoms listed above.
- The screening of staff and visitors must also include questions regarding their exposure to anyone diagnosed with COVID-19 or exhibiting the symptoms of COVID-19.

Visitor Policy. Programs may choose to allow families to visit residents at PNMI facilities with established visitation procedures including, but not limited to, controlling the number of visitors at a given time, screening incoming visitors for COVID symptoms, and maintaining physical distancing. Face coverings should be worn by all visitors. Visits should be held outside when possible to allow for physical distancing. Providers must communicate

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COVID-19 safety precautions and plans to individuals, families, as well as any other visitor prior to entering the facility. [Me CDC Face Covering Information](#)

Maintain healthy operations.
- Monitor absenteeism to identify any trends in employee or client absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and clients for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and clients. As a reminder, the Front Line Warmline is in place to help health care workers and first responders cope with the emotional toll of this pandemic: 1-866-367-4440. Front Line Warmline Poster:

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- Check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

Cleaning, disinfections and ventilation.
- Ensure that employees have access to hand soap, face coverings, gloves, tissues, paper towels, and a designated trash bin to dispose of used items at all times.
- Ensure that employees using cloth face coverings are washing their coverings per CDC guidelines (washing after each use in hot water, etc.)
- Provide access to hand washing areas and require frequent hand washing for staff and clients during the day (preferably every 45 minutes).
- Provide hand sanitizer (at least 60% alcohol) in multiple locations around the facility for adults and children who can safely use hand sanitizer.
- Ventilate workspace with open windows and doors to the extent safely possible.
- Clean, sanitize, and disinfect all high touch surfaces (for example, outdoor equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.
- Clean and disinfect ALL restroom surfaces including floors, sinks and toilet bowls daily. Place trashcans by the door. Remove anything that does not have to be in the restrooms and post handwashing signs in ALL restrooms.
- Disinfectant only works on a clean surface so clean all surfaces and tools with hot soapy water, or cleaning wipes (if using wipes, be sure to cover surface thoroughly) before disinfecting.
  - Contact time refers to how long the disinfectant is visibly wet on the surface allowing it to destroy the pathogens.

- - Typical contact time for immersion/sprays is 10 minutes, for disinfectant wipes is 2-4 minutes.
  - Observe contact time on label to allow disinfectant to work properly.
  - Ensure safe and correct application of disinfectants
  - Disinfection is for hard non-porous surfaces - glass, metal, and plastic.
- Launder all linens, towels, blankets and smocks in hot soapy water and dry completely at the warmest temperature allowed and store in a closed cabinet. Store all used/dirty linens in an airtight container.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected (for example, soft or plush items).
- Make sure you have a safe process to receive supplies and other deliveries.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, including by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk to clients using the facility (for example, allowing pollens in or exacerbating asthma symptoms, or creating a risk of harm from falling or leaving the program without permission).
- Take steps to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other water-borne illnesses. Discontinue the use of shared drinking fountains.

General Cleaning, Disinfecting, and Sanitizing

- **Four levels**
  - *Daily clean*
    - Typical cleaning using CDC/EPA-approved disinfectants (see below).
  - *Enhanced clean*
    - Use of CDC/EPA-approved disinfectant cleaners on "high touch" surfaces in common areas/public spaces at regular frequency (elevator buttons; railings; door knobs and handles; light switches; bathrooms including toilets, faucets and sinks; breakrooms and breakroom equipment like refrigerator handles, microwaves, and tables.
  - *Deep clean*
    - In addition to the "Enhanced clean" scope above, "deep cleaning" applies to disinfecting items such as desks, chairs, computer keyboards/mice, interactive touch screens, phones, printers, fax machines, office door handles, communal items like salt and pepper shakers, etc.
  - *Deep clean with disinfection and sanitization with COVID exposure*
    - Measures in "Deep clean" above with the additional use of disinfectants and/or other sanitization techniques.
- For **disinfection** of hard, non-porous surfaces, appropriate disinfectants include:
  - [EPA's Registered Antimicrobial Products for Use against Novel Coronavirus SARS-CoV-2](), the virus that causes COVID-19. Follow the manufacturer's

instructions for concentration, application method, and contact time for all cleaning and disinfection products.

- o [Diluted household bleach solutions](#) prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- o Alcohol solutions with at least 70% alcohol.
- For electronics, such as tablets, touch screens, keyboards, and remote controls:
  - o Consider using a wipeable cover on electronics.
  - o Follow manufacturer's instruction for cleaning and disinfecting.
  - o If no guidance from the manufacturer, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.
- Pay close attention to high traffic public use areas such as lobbies, entrances, seating areas, and restrooms.
- Make sure that staff are regularly washing hands before and after gloving and wiping down work surfaces.
- Please also see the CDC information on [Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility](#).

Plan for when a staff member, child or visitor becomes sick.
- Encourage clients and staff who are ill to stay home.
- Require employees to stay home and to notify workplace administrators when sick or someone in their household is sick.
- Review, update, or develop workplace plans to include non-punitive leave policies for people with COVID-19 symptoms.
- Establish procedures for safely transporting anyone sick to their home or to a health care facility, as appropriate and applicable.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Know the signs and symptoms of COVID-19. Have a plan of what to do if staff or clients become symptomatic at the center/facility and make sure all staff know and can implement the plan.
- If an employee:
  - o Falls ill while not on the job:
    - ▪ Instruct employees to not come to work when experiencing any symptoms of COVID-19 (listed above);
  - o Becomes ill on the job:
    - ▪ If an emergency, call 911 for guidance/assistance;
    - ▪ The employee should leave the facility immediately;
    - ▪ If immediate departure from the facility is not possible, or while waiting for emergency personnel, have a plan for a room or space where the employee can be isolated until transferred to home or health care facility and provide a face covering, if available and tolerated; and

- Clean the room or space thoroughly after use by any employee who is feeling ill.
  - o Plans to return to work, instruct employees to:
    - Follow CDC Guidelines on quarantine and isolation after symptoms subside.
- If a client:
  - o Becomes ill while at the facility:
    - If an emergency, call 911 for guidance/assistance;
    - Immediately isolate the client from other clients and any adults not necessary for care. Have a designated room or place in which to isolate them;
    - Clean the room or space thoroughly after use by any client who is feeling ill.
  - o Plans to return to service, instruct clients to:
    - Follow CDC Guidelines on quarantine and isolation after symptoms subside.
- If COVID-19 is confirmed in a client or staff member:
  - o Inform the CDC and follow all recommendations.
  - o Close off areas used by the person who is sick and do not use them until they have been cleaned.
  - o Open outside doors and windows to increase air circulation in the areas, if possible.
  - o Wait 24 hours (or as long as possible) before you clean or disinfect to reduce risk to individuals cleaning and to allow respiratory droplets to settle before cleaning and disinfecting.
  - o Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - o If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
    - Advise sick staff members or clients not to return until they have met CDC criteria to discontinue home isolation.

Additional Information:
- Individuals traveling using public transportation, NET, or other group ride share must be supported to maintain physical distancing and wear PPE (face coverings) during transport. NET Guidance
- Providers are expected to assess the viability of providing in-person services if there is a change in the level of cases or community spread. Any changes in the delivery of services must be communicated to the Department.

Other Information and Resources:

DECD and CDC's most recent guidance which includes a COVID-19 Prevention Checklist

https://www.maine.gov/decd/sites/maine.gov.decd/files/inline-files/COVID%20Checklist%20General%20Guidance%20updated.pdf

https://www.maine.gov/decd/sites/maine.gov.decd/files/inline-files/COVID%20Checklist%20for%20ME%20Phase%201%20Retail%20Business.pdf

Plain Language Information on COVID-19
https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf

Administration for Community Living COVID-19 Resources
https://acl.gov/COVID-19

US CDC Poster on Infection Control
https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/stop-the-spread-of-germs-poster_english.pdf

Office of MaineCare Services Guidance
https://www.maine.gov/dhhs/oms/COVID-19.shtml

Office of Child and Family Services Guidance
https://www.maine.gov/dhhs/ocfs/COVID-19-response.shtml

Office of Behavioral Health Guidance
https://www.maine.gov/dhhs/samhs/coronavirus.shtml

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